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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40330

Registrar's No. 5218

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3 - DAYS (Specify whether

In this community 31 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 47
(If outside city or town limits, write "RURAL")

(d) Street No. 3804 - BENTON BLVD. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. JOY MINTURN RINGWALT

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or ~~wife~~ MR. J. LAURENCE RINGWALT

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased JANUARY (Month) 7 (Day) 1913 (Year)

8. AGE: Years 31 | Months 11 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name J E MINTURN
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MABEL GLAZIER
15. Birthplace HASTINGS (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant CPL. J. LAURENCE RINGWALT

(b) Address 4405 BENTON BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-23-1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ CALVARY CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20TH year 1944 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from Pathologist, 19__;

that I last saw h__ alive on__, 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple renal calculi	
~~Due to~~ Uremia	
~~Due to~~ ~~Post partum 1 mo.~~	
Other conditions (Include pregnancy within 3 months of death) 134 a	

Major findings:
Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Maine Sherwood (M. D. ~~or other~~)

Address Pathologist Date signed 12-21-44

(Licensed Embalmer's Statement on Reverse Side) St. Joseph Hospital, K.C., Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Oscar Hartley

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.